

# Underwriting Questionnaire



## Chronic Obstructive Pulmonary Disease (COPD)

**Please answer all questions applicable to the client's medical history.**

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Date of diagnosis \_\_\_\_\_

Type of lung disease diagnosed

- Asthma  Chronic bronchitis  
 Emphysema  Restrictive lung disease  
 Other \_\_\_\_\_

Has the client ever been hospitalized for this condition  Yes  No If yes, provide date(s) \_\_\_\_\_

Has a pulmonary function test (breathing test) ever been done  Yes  No If yes, provide most recent date and test results below  
\_\_\_\_\_

Has a chest x-ray been done  Yes  No If yes, provide date \_\_\_\_\_ Results \_\_\_\_\_

Has an ECG been done recently  Yes  No If yes, provide date \_\_\_\_\_ Results \_\_\_\_\_

What is the client's build Height \_\_\_\_\_ Weight \_\_\_\_\_

Is the client using oxygen?  Yes  No If yes, provide date(s) \_\_\_\_\_

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: